

CERTIFICATE

Graduation

This is to certify that _____

_____(Name and address of the student) is
studying in _____semester/year of _____ (Regular/
Integrated) _____course (name of the course) for the
academic year 2024-25. Duration of the programme is
_____semester/year. He/ She is not receiving financial
assistance (Scholarship/Stipend) from any source other than
e-grantz.

Details of the Educational Institution:

Name : _____

Address : _____

Affiliation details : _____

Nature of Institute : _____(Govt./Aided/Self

Financing).

Details of Entrance Examination passed

(Applicable only if the incumbent is admitted to the course through a national level
entrance examination)

Name of Examination : _____

Roll No : _____

Agency / Board : _____

Name and Signature
Head of the Institution/Authorized Signatory

(Office Seal)

Place:

Date :